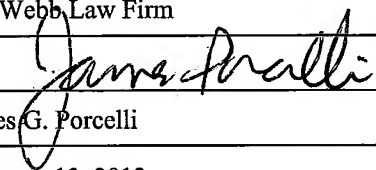
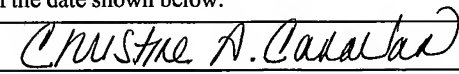


TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/585,902
	Filing Date	02/07/2005
	First Named Inventor	Karen Rita Crawford
	Art Unit	3721
	Examiner Name	Hemant M. Desai
Total Number of Pages in This Submission		Attorney Docket Number 0470 - 061793

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Machine Translations for JP10-291529 and FR 2747107
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="text"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Claim Fees Previously Paid: Total Claims _____ Total Indpen. Claims _____	
<input type="checkbox"/> Reply to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Claim Fees Due (see Fee Transmittal Form)	

The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	The Webb Law Firm		
Signature			
Printed Name	James G. Porcelli		
Date	February 13, 2012	Reg. No.	33,757

CERTIFICATE OF TRANSMISSION / MAILING			
I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Christine A. Canavan	Date	February 13, 2012